



**Blended Learning
International**

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APPLICATION FOR PROGRAM PLACEMENT

A. PLEASE fill out all relevant sections and print clearly in blue or black ink.

Program you are applying for _____

Personal details:

Title: _____ Family name: _____

Given names: _____

Sex: Male Female Birth date (DD/MM/YYYY) / /

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____ Fax: _____

Address for Contact Purposes Building/property name: _____

Flat/unit number: _____ Street number _____ Street name _____

Suburb _____

/town: _____ State/territory: _____ Postcode: _____

Next of Kin Information (for emergency purposes):

Name & Relationship: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____

Privacy statement

The Information you provide remains confidential and is used for administration and program reporting. Blended Learning International may use this information to notify you of future events and programs.

If you do not wish to receive this information, please tick this box.

Signature: _____ Date: _____

Please return this completed form to Blended Learning International via Email: info@blendedlearning.edu.au or **Post** to GPO Box 1097 Canberra City 2601 or **Hand** to 54 Marcus Clark Street Canberra City 2601

Thank you for your application.